D.D ~~Causes~~ of encephalopathy :-

① hypoglycemia :- The patient will be better in case of good managment of hypoglycemia by sugar replacement.

② subdural hematoma in Alcoholic liver disease.

③ Werning's " thiamine deficiency " ptosis.

hepatoencephalopathy managment :-

① admission.
② ICU
③ N/S 0.9%
④ antibiotic
⑤ N/G tube 1000 - 1800 mL.
⑥ laxative → lactolose
3 mm 6 spones → Tid
⑦ Flagyl
⑧ follow up.
⑨ hepamerz injuction in stead Liv 52
For regeneration of hepatocyte.

hyperpigmentation in Liver diseased patient:- Causes:-
① itching
② hemochromatosis.

Polyanteritis nodosum in:-
① hepatitis
② glomerulonephritis.
③ realtive anthritis.

=

~~Bud~~ Can D.V.T occur in Liver diseased patients?!
yes it can because of:-
① long period of bed attached.
② in case of Bud Chari syndrome.

" acidosis → hyperkalemia "

* hyperkalemia :-
Causes :-
- shifting from intra cellular to extra cellular
- high intake through blood transfusion

Ulcerative colitis + autoimmune hepatitis
→ it gives clubbing fingers.

=

* in examination of pupil :-
Fixed dilated pupil causes either :-
① Structural causes
② electrolyte disturbance.
③ drugs → ophthalamic eye drops

"K" loves two Cells :-
① muscle
② heart
in heart due to hypokalemia :-
* Cause arrythemia

in muscle hypokalemia :
Causes fatigue
Causes of hypokalemia :-
① lack intake
② losses of "K" through
ⓐ Urine
ⓑ intestinal tract
③ Shifting from intracellular to extracellular.

Put this rule in your mind-
Na :- never leave the Cell
K :- Sensitive can leave when there is need
H :- if there is excessive loss of K it leaves instead " قبيلي "

اليــوم : .... موضوع الدرس : ....
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* when we are able to use steroids ?!
① asthma
② COPD
③ pericarditis
④ rheumatic fever
⑤ miliary TB
⑥ glomerulonephritis
⑦ autoimmune hepatitis

* Signs of hepatic encephalopathy :-
① yawning
② drowsy
③ insomnia " disturbance in sleeping "

* autoimmune hepatitis can cause :-
D.M when it affects pancreatic cells
also abdominal dyspepsia ~~and~~ nonspecific type and abdominal distension.

Convulsion can be caused by :-
① hepatic encephalopathy
② renal failure
③ hypoglycemia ?!

الـواجب : ....

Toxic mega colon → Ulcerative colitis
perforation and rupture.
Causes:-
① Steroid therapy
② indisterial

extra intestinal manifestation of Chron's disease:-
① Cholangitis
② ankylosing spondylitis
③ multiform dermatitis

Investigations:-
1. CBC
2. L.F.T to estimate the extramanifistations of chron's disease.

treatment:-
① Steroids 40-60 mg in late stage
② Sulfasalazine group → antibiotic

إذا تحسن المريض نسحب الأسترويد شوي شوي
وندخله على "Sulfasalazine"

d Clona :-
Lipromide 2mg قابض
non infective diarrhea
but in Diarrhea + infection → Lipromide + antibiotic.

=

* Ulcerative colitis :- most affected part is the rectum

characterized by :-
Bloody diarrhea
Pseudopolups → Precancer polyp.

* Chon's
From mouth to anus → skip lesion
The most affected part is the ilium where the absorption occur → lead to malabsorption syndrom
characterized by: ① pain with eating
② ophthus Ulcer
③ fistula deep ulcer

Irritable bowel disease :-

Chronic diarrhea + normal body weight :- means Irritable bowel habitis.

Types of irritable bowel disease :-

C :- Constipation + pain :- releive by lactilose

d :- Diarrhea + pain

M :- mixed C and D

note :- no nocturnal diarrhea non organic but in organic cause there is nocturnal diarrhea some times bloody + loss of weight.

abdominal pain releived by defecation → IBD with intermittent diarrhea and constipation

ملاحظة مهمة :- القالون العصبي بيصيح بالمه لولاده

Treatment :-

To [C] give ① Clena tabs
② ~~Spti~~ sliprit :- anti depression for 3 months.

اليوم : .... موضوع الدرس : ....
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after month we make.

1. RBs
2. Urinanalysis
3. CBC

RBC
WBC } low means pancytopenia
platlet } bone marrow infiltration.

The common cause of chronic renal failure is D.M.

جيلنا الصاعد

الواجب : ....

blood → hematuria → due to stones
Urea and Creatinine.

يستخدم العلاج لمدة أسبوعين والعودة الثانية بعد
3 months

when Creatinine 3mg use aminoloclypine.

Uremia treatment -
① Ciptiline   أخشاب
② honey
③ Hb erythropoitin 2 week
④ calcium not to bone.
⑤ antibiotic.

after month if the patient develop :-
① Uremia
② chest pain
③ papitation
no other choice only kidney replacement
Then we give the patient
Imuorane + predinsolone for whole
the life.

موضوع الدرس : ....
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mass in Ch. renal :-

① hydronephrosis

② polycystic kidney.

polycystic kidney discoved through :-

① rotiune examination

② in complications " hematuria and UTI

③ secondary hypertension

less than 30 years patient old + hypertension

→ US to avoid complications

treatment :-

① isnopril or doubd therapy

The desired BP diastolic 80/70

② take high water intake to clean the bladder

③ avoid the abuse of drugs ex NSAD

Follow up the patient :-

Urinlysis :-

① pus → infection

protein → proteinurea

الواجب : ....

Rigidity of the hand:-
① Stroke.
② parkinsonism & extra pyramidal tract disease

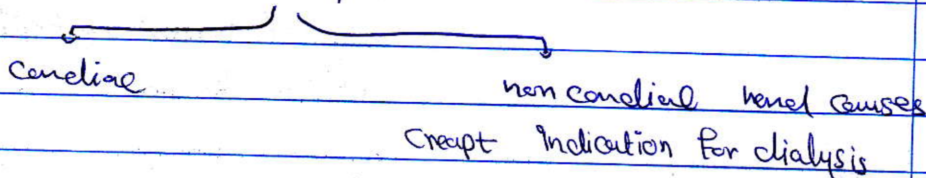
pulmonary oedema
- cardiac
- non cardial renal causes
  Crept Indication for dialysis

Earthy color → ch. liver disease

Chronic renal :-
hyperventilation due to:-
① acidosis → chest clear
② odema → Creptation
③ anemia → chest clear Hb ↓
④ pleural effusion dimention in sound.

Gallop rythem:- in heart failure.

Rigidity of the hanel:-
① Stroke.
② parkinsonism c extra pyramidal tract disease



Earthy color → ch. liver disease

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Gallop rythem:- in heart failure.

موضوع الدرس : .... اليوم : ....
التاريخ : / / ٢٠ م الموافق : / / ١٤ هـ

Patient with chronic renal disease or failure we will find with him:-

1. vit B complex
2. Calcium Carbonate
3. α calcidiol

] For life for patient with chronic renal failure to avoid renal dystrophy of the bone

* Treatment of ch. renal failure is transplantation but we make dialysis to avoid end stage renal failure.

Proximal myopathy :- the patient can no rise his hands for long period and he can not walk as usual → due to Uremic syndrome

Uremic Syndrom :-

Prayer sign :- to see dystrophy orthopathy of the bones.

in Uremia and D.M :-

↳ Carpal tunel syndrom :- electrical sensation sign of prephral neuropathy.

الواجب : ....

Ophthus Ulcer in the mouth :-

reasons :-

1. pre and post menesis
2. Vitamins diffecienies
3. ~~Ulcer~~ Cohn's disease
4. Bahget's disease

Treatment :-

1. Lidocaine Oratas
2. tetracycline
3. Dextamethazone syp مضمضة وحك
   ثم غرغرة

Bahget's disease manifestations :-

1. genital Ulcer
2. mouth Ulcer
3. depression
4. Conjunctivitis
5. poly anthritis

treatment :-

Cholchinicin tabs 25 mg antiinflammetory
1 × 2 × 3 days

predonsulone 40 – 60 mg

in patient with :-

MI + asprine + peptic Ulcer :-

treatment we give him :-

1. high dose of P.P.I
2. Change asprine into Clopedigril for short time
3. then return to asprine

H. pylori presentations :-

1. Idiopathic thrombocytopenic purpura
2. Vit B_{12} diffeciency
3. anemia

manny well's syndrome :-

treatment :-

Fenergan → sedative
→ antiemesis
→ antihistaminic

non organic pyschologic vomiting :-

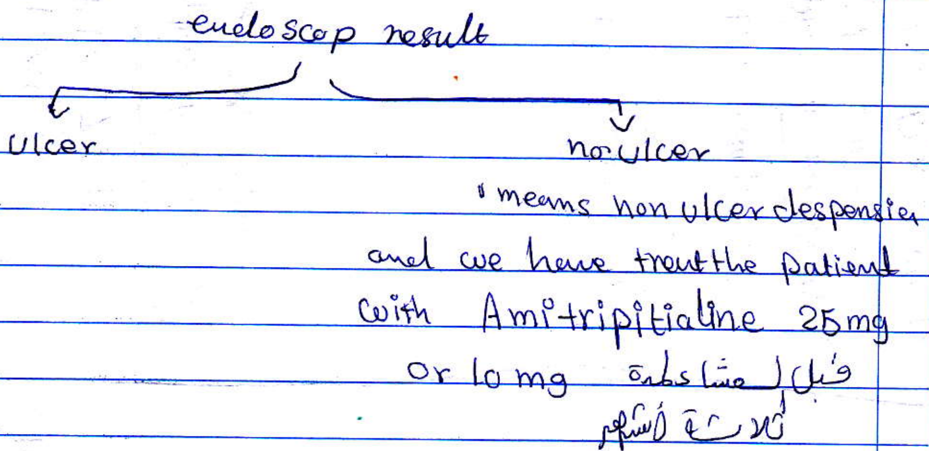
treatment :- amitripiticaline tab 10 mg

بعد العشاء طول سنتين

اليوم : .... موضوع الدرس : ....

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after giving H-pylori regim if the patient is resolved not return again but if he did not resolve he should return to me again and we have to do endoscope.



non Ulcer despespia treatment..

1. Lanzoprazol 40 mg
   حبه الصباح لمدة شهر
2. Ametriptyline tabs 10 mg antidepressant For three months and we reduce it gradually.

جيلنا الصاعد

الواجب : ....

One line | Second Line

H-pylori + Entameba
we give :-

- Amoxaecillin — ex-pylory
- Clarithromycine
- P.P.I

Ex-pylory
tab ③ × B.D × 7 days

Esoprazole tab 40 mg بعد
مع الطعام [illegible]

Kit · pylori → Clarithromycine / → Timidazole

3 tabs × B.D × For 7 days

- motiline

Second Line :- For female tender patient + UTI

Amoxicillin — 1 × B.D × 10 days

+

Levo Floxacine — 1 × O.D × 10 days.

Esoprazole tab 40 mg بعد
1 × B.D × 2 weeks
then 1 × O.D × 30 days

Investigations :-

① blood no specific because it looks for the antibody

② Stool is more sensitive we look for
ⓐ H. pylori
ⓑ analysis of Entameba Hostolitica.

Treatment :-

3 acid laryngitis :- means gastric reflex + horseness
also in asthmatic patient
Treatment same as GERD

=

note :- avoid long use of p.p.I to prevent osteoprosis we give the patient "Calcium tabs"

note :- if there is patient with significant loss of weight + شبع سريع + hematemesis + melenina + smoking → must do endoscopy.

Gastritis H. pylory :-
When we suspect the patient is having H. pyloria and when we have to do investigations ?!

1. when we exclude the other reasons
2. Chronic persistance dyspepsia
3. epigastric pain + Family history positive of Ca
4. chronic use of p.p.I
5. previous peptic ulcer diseases.

acute onset :- might be :-

① Ulcer ② stricture ③ Barret esophagitis
④ Ca

* Sudden onset "acute" of serious symptoms it is urgent to do "endoscopy"

Treatment of GER :-

① pantoprasol 40 mg مرة الصباح ومرة بالمساء لمدة شهر

② Dampridol مرة الصباح نص ساعة قبل الأكل ومرة قبل النوم لمدة شهر

=

For pregnant woman :- PPI are contraindication so we give the patient :-

① ranitidine 75 mg مرة الصباح ومرة بالمساء لمدة أسبوعين

② Antacids "P.R.N" عند الحاجة

③ Sucrafat :- For protection مرة الصباح ومرة بالمساء لمدة أسبوعين

Kinds :-

[1] post pill esophagitis :- enophagia staping pain mostly for . gynicological " due to the use of Doxacycline which is used for plevic inflammation. treatment :-

① parentral p.p.I lomac 200 cc infusion in drip ranticline bid for 3 days.
② Nexpro T.V
③ Zalidac (paracetamol + tramadol " مسكن لحالة
④ hony for healing
⑤ Librax (antiaxisity "

[2] GER. Disease :-

Charealteristics :-
① reguriqtation of food يبغى
② heart burn

risk factors :-
① obesity ② old age ③ pregnancy ④ heavy work.

* Peptic Ulcer diseases :-

It is epigastric pain :- with Burning Sensation
There is defect in the protective mechanism.

Causes :-

1. NSAD → For long use lead to defect on prostaglandin.
2. Smoking decrease blood flow.
3. Alcohol
4. Fatty meal
5. Chronic illness.



acute P.U :- less than 5 days of complaint
The most cause is NSAD
Stress
Viral
meal

] reversible with treatment for short time.

اليوم : .... موضوع الدرس : ....
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In hepato encephalopathy :-
we give the patient :-
① diuresis For 10 days Frosudamide
② Aldactone 100mg for 4 days
③ indral :- decrease portal hypertension
and prevent hemetemasis
④ antibiotic 250 mg ceprophloxacin for 10 days
⑤ Levofloxacine for Bacterial perotinitis.
⑥ Cipla :- For lytic of inflammation.

=

Aldactone :- used in
Liver D. 100mg
in cardiac patient 25 mg

Indral used in :-
① portal hypertension
② mitral valve prolapse.

جيلنا الصاعد
الواجب : ....

Management of Chronic Liver disease ..

① Correction of symptoms
② specific
③ avoid complications
④ prevent relapses.

=

We give :-

① lactulose → for constipation
② ~~Not to~~ eat meat
③ Paracetamol + sedative drugs should not be given.

But if there is woman with chronic liver disease her husband die and she is in horrible psychological stress what we should give her ?!

We should give her ① midazolam sedative drug with less side effect.
② fynergan → anti histamine
③ Bisoprol against the anxisity.

اليـوم : .... موضوع الدرس : ....
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Causes of hypoproteinemia :-

① low intake of protein
② protein loss through :-
  ⓐ protein loss entropathy
  ⓑ protein urea
③ Liver disease.

Meg. syndrome :-
Charateristics :-
① right pleural effusion
② ascitis
③ ovarian tumor

Fate of acute viral hepatitis :-
① self limiting
② chronic state
③ Carrier state.

جيلنا الصاعد

الواجب : ....

Causes of Liver diseases :-
[1] Traumatic.
[2] infiltirative -
[3] metabolic causes.

Early symptoms Hepato Spleeno megally :-
[1] disturbance in sleep
[2]. nervousness
[3] drowsy → early sign of entering Coma
[4] Flapping tremor

=

* which kind of anemia present in patient with chronic liver disease ?
All kinds of anemias can present

note :- relaxation of abdominal rectus muscle is sign of increase intrabdominal pressure.

Ascitis pericosa :- Cardiac cause of ascitis due to Constrictive Carditis.

موضوع الدرس : .... اليوم : ....
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Wilson's disease :-

Chreralteristics :-

① adult with extrapyramidal manifestations Chorea.

② Unexplained spleenomegally.

③ reccurent juandice.

reccurent juandice Causes :-

① Wilson's disease.

② autoimmune hepatitis.

③ Cholelithiasis.

④ Sickle crisis.

Bud Chari Syndrom :-

Charalteristics :-

① Dramatic ascitis

② polycythemia

Hepatomegally :-

① right heart failure

② Constrictive pericarditis.

Hucup treatment :- Pharmacological therapy :-

- Motiline → lactolose
- Zintac
- Fenargan → sedative
- Chloropromazile " before using it we do Urea and creatinine to role out Uremia "
  other use of Chloropromazile in psychatric cases "
- Beclophine " muscle relaxant "

non pharmalological therapy :-

1. تخويف المريض
2. حبس النفس

= = = = = =

* auto immune hepatitis is more common on females
* hemochromatosis males more affected because in females due to meness the get reed of larg amount of iron. so they releive the iron overload.

* methyldopa " domate " → lead to Chronic Liver disease because of long use of it in females

Pulmonary esoniophylia :- allergey.
treatment :. Steroids.

acute rheumitis :-
treatment :-
① Cold and flu.
② vit C.
③ loratidine.

= = = =

* Causes of Liver congestion :-
~~hepatic~~ Causes :-
① Thrombus formation
② Congestion of the inferior vena Cava
③ Bud Charri syndrom → rapid ascitis
④ right heart failure.
= investigation do US
=

Hucup :- الهقة " رقص الحجاب الحاجز "
Causes :-
① Central :- Vagal nerve irritation
② gastric irritation
③ Uremia " metabolic "
④ diaphramatic irretation

recurrent pneumonia in the same lobe
→ it is highly suspected Ca of the lung
we need CT.

in case of influenza :- we give
azethromycine 500 mg 1 X2 x 5 days.
in children :-
Azith 250 mg حبتين في اليوم الأول
وبعد كدا حبة كل يوم لمدة أسبوع

In case of Gaz poisoning :-
① Don't induce vomiting
② Tussifin or Codine معلقة أو معلقتين بعد الأكل
③ Dextamethazone "Steroids"
4 ml x B.D
④ Augmentin or gentamycin
⑤ profind.

Nosocomial Acquired pneumonia :-
treatment :-
① metronedtazol
② Flagyl
③ Clindamycine.

③ ceftrixone 1g

④ clarithromycine 500 mg Bid for atypical pneumonia

⑤ Voltarin inj P.R.N Im

⑥ Expectorant "varcoline and escorine"

= Then follow up the patient through vital signs.

* Tramadol in pneumonic is no ~~activate~~ adviceable because it is kind of opoids which cause respiratory depression.

Complications :-

[1] any inflammation has two results
① resolve
② formation of abcess or TB

[2] Septic shock.

discharge paper we write on it :-
Cefuroxime 500 mg or cefotaxime

ESR :- Is normal in pneumonic patient
This means :- either :-
① viral infection
② non specific
③ techinical mistake
④ sickle cell anemia

Usually ESR in pneumonic patient should be "high"

Treatment of pneumonia :-
[1] Augmentin
[2] paracetamol extra
[3] NSID
[4] Iuprofind
[5] expectorant
[6] fluid replacement D.N.S

In sever cases we admit the patient so I have to write "advice to admission" in it :-
① O_2 inhalation P.R.N
② N/S 0.9% 500 mg "Bid"

موضوع الدرس : .... اليوم : ....
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* In old age :- The presentation of pneumonia is "Confusion"

* In neonate :- Tachypnea

investigations :- [1] CBC

[a] WBC :-

↑ high neutrophilia ⟶ suspect streptococcus infection

low WBC ~~normal~~ ↓count suspect :- ① viral infection
② sever pneumonia
③ bone marrow depression

normal WBC count suspect :- viral or atypical pneumonia

note :- Leukopenia ⟶ neutropenia ⟶ septicemia ⟶ multiorgan failure.

Hb :- ↓ means :- ① anemia of chronic illness
② hemolytic anemia.

جيلنا الصاعد

الواجب : ....

Pneumonia:-

eithiology:-

① bacterial ④ viral

② Fungal

③ Chemical substances "in aspiration type"

clinical manifestations:-

① Cough :- short

② toxemia :- high grade fever

③ preceded by flu.

* if there is any viral infection for a child this Cause depression of the immune system this give Chance for bacteria to be active rather Than inactive.

risk Factors:-

① smoking

② old age.

auscultation:-

① bronchial breathing → in lobar pneumonia is more

② Creapitation

Patient with Chicken Pox :- if he or she

(1) female

(2) old age

(3) pregancy

(4) for prevention

we use with them cyclovir tabs or Cream once each 6 hours for 5 days

we use it in females not to form deep Scars.

Complications of Chicken pox :

(1) pneumonia

(2) myocarditis

(3) encephalitis

(4) Symetrical polyanthritis " post virall " treated mostly by using Steroids " Short term "

When we can see persistent peptic ulcer?!

* we will find it in:-

① Liver disease
② zollinger - Ellison syndrome.
③ renal disease
④ hypoparathyroidism.

* drugs that are contraindicative in Liver disease:-

① metformine
② methyldopa "domate"
③ highly sedative drug "diazpam"

Levofloxacin :- uses:-

[1] perotinitis
[2] pneumonia
[3] UTI

=

* any febril illness we should ask in the history about traviling history.

* recurrent chicken pox → highly suspected HIV

Indication of hepatic cancer :-
is The presence of refractory ascitis →
" كل ما سحبناها ترجع "

Causes of ascitis :-
① intestinal TB
primary → raw milk
secondary → from the lung
② Right heart failure
③ Constrictive pericarditis
④ drug induced hepatitis
⑤ alpha antitrypsine.
⑥ metastasis of the lung to the Liver

=

low voltage in the ECG :- Causes
① pericardial effusion
② obesity
③ pleural effusion → mainly in the left lung.

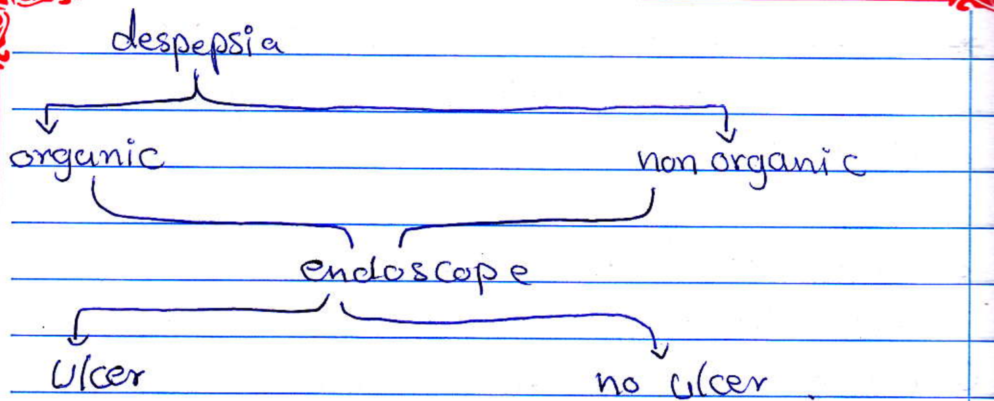
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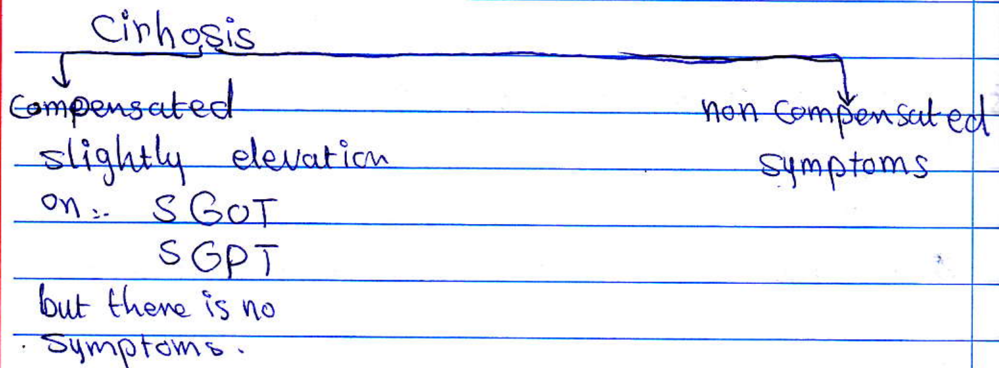
* hepatoencephalopathy → gradual onset
→ start with disturbance in sleeping
and conciousness.

Causes of loss of conciousness :-
① metabolic cause
② structural cause : There is distruction on the Brain.

* Signs of hepatoencephalopathy :-
① drowsy
② Flatapneia
③ bradycardia " also on obstructive juandicen

* Complications of liver cirrhosis :
[1] hyperspleenism → pancytopenia → spleenomegally.
[2] ascitis
[3] peritonitis
[4] hepatorenal complications → Bad prognosis
detect it by urea and creatinine.
[5] pulmonary hepatic complications.
[6] vascular compliations.





if there is patient with:
D.M and acute Liver disease came with convulsion → we suspect hypoglycemia due to high dose of insulin and it made advese effect.

Auebril :- Theophyline + Guaifenesin

موضوع الدرس : .... اليوم : ....
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Then we follow the patient with vital signs
if the cause become worsen and the patient enter in :- respiratory arest we give him :-
① aminophyline infusion in D.N.S
② mechanical ventilation when there is failure in the response to the treatment.

=

GER :- we give the patient :-
[1] Famotidine :- antiinflammatory + anti H_1 receptor.
مع قبل الوجبة
[2] predinsolone to prevent aspiration pneumonia.

=

When we use Insulin as treatment in D.M patient :- we use it in :-
① type 1 D.M
② advance type II D.M.

جيلنا الصاعد

الواجب : ....

موضوع الدرس : .... اليوم : ....
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Cough induced asthma and asthmatic bronchitis treated by:-

1. Glopidon .. 7.5 mL
2. Dextamethasone

acute asthmatic attack :-

treatment :-

1. high pressure O_2
2. hydro contisone 100mg
3. Combovint neurblizer ~~100mg~~
4. aminophyline 250mg diluted with distal water

= then we will make for the patient admission advice

1. hydrocontisone 20mg each 6 hours
2. N/S 500mL 0.9
3. Combovint PRN
4. ceftraxone once or bid according to the Severity
5. Pentaprazole
6. oxygen

الواجب : ....

موضوع الدرس : اليوم :
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gufIcine
+

[4] Step [4] - Step 3 + thyophyline once daily at nigh for 10 days

Cobril = thyophyline + gufincine
لـ يوصف عند الضرورة.

---

* Ketotifine - mass cell stablization ويعطى صباحاً ومساءً
side effect weight gain "for six months"
* Moltulokast - Leukotrine no side effect but it is expensive. For 6 months.

Treatment of types of asthma -
[1] excersie - give the treatment before excersing
[2] Asprine Induced - mensis with NSID given -
① Ipratropum bromid "Cobafent"
② hydrocortisone I.V
③ salbutamol tabs 2mg once a day.

جيلنا الصاعد
الواجب :

Treatment :-

[1] Step 1 :- use of inhaled short acting B_2 adrenoreceptor agonist bronchodilators.
"Salbutamol or terbutaline"

[2] Step [2] :- use step 1 + inhaled corticosteroids
such as predensalone, beclomethasone

Aerocont :- Salbutamol + predonsalone 200mg

[3] Step 3 :- *in the book we use long acting B_2 agonist + 800 mg predonsilone "Corticosteroids"
"Salmetrol"
but the doctor said you are able to give him :- oral predinsolone for one week 20mg bid at morning and night + Aercont
Then taper the dose of corticosteroid.

First week 2 X 1
Second " 1 X 1
third " 1 X 0 يوم أيوه ويوم لا
Fourth " 0.5 X 0

4 Asprine Induced " NSAD " in Female with polyp in nasal Cavity.

5 Asthematic bronchitis:-
The patient is known Case of asthma with Flu the asthma attack become induced.

6 asthma with GER:-
predisposing Factors:-
1. patient obese.
2. old.
3. not releived by antiasthemitic drug.
4. family history negative.
5. mascular heavy work.

classification of asthemic attack :- مهم

1 mild :-

2 mild intermittent

3 moderate

5 sever

Trial of asthma :-

[1] wheezy chest] the first which appear
[2] Cough
[3] breathlessness

Types of asthma :-

[1] Occupational asthma :- the onset of it during work and releive in whole day.

[2] excersied type :- Occure on the end of excersised time.

[3] Cough variant asthma :-

characteristics :-

(a) Cough without wheezing
(b) dry Cough
(c) nocturnal " mainly at night "
(D) Family history is positive.

[*] Causes of nocturnal cough :-

[1] Cough variant asthma
[2] GER " gastroesophageal reflex "
[3] HF
[4] Chronic sinuositis.

Asthma :- It is :-

1. recurrent attack releived spontanously or with treatment.
2. acute → irretent material to the bronchus → reversible Condition.
3. Family history is positive.

-

When irretant material enter to the bronchus occur:-

1. mucus secretion
2. hypertrophy of the air way.
3. narrowing " " "
4. Contraltion " " "

= asthma

extrensic type	intrinsic type
recurrent exposure	hyper responsiviness
- Atopic type	due to enviromental
- his relation with Pallutans	Causes

", To follow up the patient " vital signs and Urine analysis "

The indication for hemodyalysis:

1. Uremic encephalopathy.
2. hyperkalemia.
3. pulmonary odema.
4. metabolic acidosis.
5. pericarditis.

* If your wife is having rhematoid arthritis
You should marry a woman with
masthenia gravis ^^ because :
- Masthenia gravis her activity mostly
at morning so she will not be able to
do for you the dinner.
- Rheumatoid arthritis her activity mostly
at night she will make the dinner ☺

Treatment for glomeruler nephritis :
[1] Diuresis
[2] ACE with protein urea when Creatinine
less than .3 " but if more means
renal impairment so it should be avoided

* ACE :. the best choice for protein urea
" < 3 "

[3] Ceftriaxone " gram positive
[4] " Short term steroids "

if the protein urea is nil " not present " but
still hypertensive patient we do not stop
ACE but decrease the dose to avoid the
relapse we stop it when the blood pressure
return to normal.

9- Ultrasound for the size of kidney.
10- total protein for urine 24 hours.

Classical laborotary findings of glomerular nephritis

① Full RBCs film
② protein urea more than > 3.5
③ oliguria

Glomerular nephritis :- The first sign in children is :-
① Convulsion
② hypertension

Causes of glomerulonephritis :-
① ~~[illegible]~~ Henoch-Schonlen pupura
② D.M

* to differentiate the primary from secondary Glomerular nephritis through :-
"Biopsy."

موضوع الدرس : .... اليوم : ....
التاريخ : / / ٢٠م الموافق : / / ١٤هـ

[8] blood disorders "bleeding tendencies"
[9] Cardiac "pericardial effusion" "Fricture rub"
loss of Conciousness either :-

* Uremic encephalopathy :- not improve by antihypertensive drug

* hypertensive encephalopathy :- improved quickly after using of antihypertensive drug.

* Urea and Creatinine both of the samulitanously must be elevated by if only :-
Urea :- may be (1) side effect of drug ex: diuresis
(2) gout
Creatinine :- Westing of the muscles. like excersise and starvation

Investigation of acute glomerular nephritis :-
(1) CBC :- related or not related
Hb :- low acute on Chronic
(2) ESR (3) RBS (4) Urea and Creatinine
(5) Aso titer "streptococcus infection
(6) Urine analysis "note please concentrate on RBCs Casts.
(7) Please concentrate on shistasoma ovale
(8) electrolytes :- Serum Na, cL, K, Ca^{++}
Concentrate on "K"

الواجب : ....

nephritis → recurrent attack.

Causes of periorbital puffness :-
1) renal disease
2) familiar
3) old age
4) allergic from drug
5) hypothyrodism.

Uremia :-
Presentation :-
1) Uremic encephalopathy :- "Convulsoin" more electrolyte disturbances than Urea
2) Disturbance in conciousness
3) non cardiogenic pulmonary odema
"Crepitation full coarse"
4) respiratory :- patient is dysneaic metabolic acidosis → shallow and rapid breathing but the chest is clear.
5) GIT disturbance " gastric upset → anorexia
6) earthy color of the skin.
7) dystrophy of the Bone

Diuresis side effect :-

1. hypo :-
   - (a) hypokalemia
   - (b) hypo chloremia
   - (c) hypo natremia
2. hyper :-
   - (a) hyper uricemia
   - (b) hyper glucemia
   - (c) hyper lipidemia

Refractory HF :-

1. inadequate treatment
2. thyrotoxicosis
3. mechanical causes

- Post partum cardiomyopathy ⎤
- Stress cardiomyopathy ⎦ reversible

Treatment of D.C.M

1. Isinopril 5 mg — ص الصباح قبل الأكل و المساء بعد العشاء
2. Digoxin 0.25 mg — ص كل يوم ما عدا الخميس والجمعة

* clinical normal x-ray :-
① Acute heart failure
② Constrictive pericarditis

HF and drugs:-

* The drug of choice for HF treatment is digoxin with : 0.25 mg كل الايام ماعدا الجمعة
* Captopril → short acting
* isonopril → long acting

The drugs which are contraindicated:-

1. Ca channel blockers ex:- Amilodipine 100%
2. I.V replacement
3. Steroids

] advisable "not ~~advisable~~ dangerous to be used"

Signs of digoxin toxicity:-

1. brady or tachy cardia.
2. Gastrointestinal disturbance.
3. blurred vission.

* beta blockers depend on ejuction fraction

Signs of Cardiac Failure :-

① exertional dysponea
② Fatiguability : generalized.

D.D :-

a- Female hypothyrodism.
b- depression.
c- Sexual dysfunction.

③ Signs of systemic Congestion

ⓐ insomnia ⓑ right hypochondrium pain due to hepatomegally ⓒ ascitis ⓓ lower limb odema ⓔ dyspepsia

[4] signs of low Cardiac out put :-

ⓐ generalized fatigability ⓑ Synocope ⓒ headache ⓓ blurred vission ⓔ angina ⓕ Cold, pale, cyanosis ⓗ recurrent Caludication ⓖ Oligouria.

* Causes of right heart failure :-

① Left HF
② Cor pulmonale

C after load:-

1. aortic stenosis.
2. Coarctation of aorta.
3. hypertension.

* Pericardial disease lead to biventricle HF

~~Signs of cardiac failure reserve:-~~

* Signs of cardiac reserve :-

1. tachycardia ↑ 160 → lead to HF
2. hypertrophy → lead to :-
   1. angina 2. aortic stenosis
3. dilitation preload is high
4. redistrubution of blood
5. Secretion of Nitrate duritic of the heart.

* Precipitate factors for decompensated heart failure.

3A	3P	2I
Anemia	physical effort	infection → infective endocarditis, pneumonia, rheumatic C
Arrythemia	pregnancy	
Acute MI	pulmonary embolism	
		Itrogenia → I.V fluids, Steroids, Ca channel blockers

+ 1. thyrotoxicosis
+ 2. discontinuation of treatment.

Heart failure :-

Definetion :- it is clinical syndrom when inadequate C.O.P inspit of good ventricular filling.

Ethiology :-

[1] preload CF
[2] after load CF
[3] The heart is dys functioning

* Causes of HF :-

[1] Arterial hyper tension
[2] Ischemic heart disease "coronary heart disease"

= HF :-

[A] preload :- reasons :-

[1] valvular regurigtation :-
 [1] aortic valve [2] mitral valve.
[2] patent ductus arteriousus
[3] hyper dynamic circulation.
 (a) thyrotoxicosis (b) pregnancy (c) anemia

[B] Cardiac Causes :- [1] ischemic MI
 [2] myopathy
 (3) myo carditis
] 3M

blood sample "aspiration" :-

① pulmonary Ca
② traumatic
③ infarction.

* diuresis not effective in pleura effusion because it is inflammatory. needs specific treatment.

ESR :. we use it as routine investigation why?!
due to :- it gives :-
1 guide high → Ca
2 new diagnosis
3 psychological Compliute for the patient رضى

To discover T.B :. we make paraclinically :.
① X-ray ② tuberculin test ③ montix
④ treatment trial ⑤ sputum ⑥ culture.

Chronic nocturnal cough :-

[1] heart failure :- treated by :- laxis + duresis

[2] Cough variant asthma :- give steroids + antihistamine

[3] Chronic sinunositis :- ogmentin + renox drops nasal
"renox nasal drops" side effect allergy used no more than one week.

[4] gastroesophageal reflex :- [1] pp inhibitor + dembradol

pleural effusion :-

* meniscus sign :- pure pleural effusion
* no " " :- para pneumonic pleural effusion.

[a] Liver cirhosis with right pleural effusion → ascitis

[b] " " " left pleural effusion :-
① infection T.B
② isolated

[c] " " " bilateral pleural effusion :- hypoproteinemia

to determine the kind of pleural effusion we should take sample :- ~~by using 20cc injection~~
" 20 cc aspiration "

in the cough present in the patient with respiratory symptoms I have to ask the patient about :-

1. drug history :-
   a. ACE Inhibitor
   b. misdiagnosis

2. Family history
   a. allergic Complain
   b. TB

3. Social :- Smoking

4. Occupation :-
   a. over time Work
   b. occupational inducing asthma →
   c. trigger substances are not found in holidays.

* ogmentin :-

625 mg each time three times per day.
1200 mg night and morning bid.



* Cough induced symptoms " the consequencesis of Cough "

1. headach :-
D.D Sever with nasal Congestion → Sinusitis
2. Vomiting :-
Other D.D :- ① Cough varrant asthma
② increase intrabdeminal pressure
③ allergic type
3. Costal pain.
4. Synocope
5. incontenance of Urine espicially in :-
ⓐ Female
ⓑ presence of Chronic problem
ⓒ plevic relaxation syndrome " rectocele "
6. insomnia
7. rectal prolapse " bleeding per rectum
8. hernia
9. Subconjunctivival hemorrage " whooping Cough "

Complications of Cough in respiratory :-
① hemptysis
② spontenous pneumothrax

Young male with massive ~~hemoptysis~~ hematomasis the diagnosis propapley :- "Schistasomiasis"

* Young liver disease patient may be one of :-
① wilson ② autoimmune hepatitis
③ α₁ antitrypsine.

Skin manifestation in Liver diseased patient:-
① spaider navi
② hyperpigmentation
③ excoriation
④ palmor erythema
⑤ echmosis
⑥ Leukonychia.

* hyperpigmentation in Liver disease due to :-
① hemochromatosis
② puritis excorriation and itching.
=

Behgit disease :- ① genital Ulcer
② ophthus Ulcer
treatment :- predinsalone orally.

ESR :-

* high :- in bacterial
* normal :- Viral or False negative in diseased Patient

=

ECG Changes in respiratory disease :-
1 right axis deviation
2 AF "atrial Fibrilation"
3 tachycardia

treatment of pneumonia :-
1 Clarithromycine
2 cefotraxone 1g bid] broad spectrum antibiotic in pneumonia

* Clarithromycine :-
① penecillinase positive
② used in H-pylori
③ used safly in pregnancy.

* T.B → broncheictasis → clupping fingers

* "tremor" in respiratory disease patient :-
due to :- ① respiratory failure
② side effect of Salbutamol

rapid pulse :- ① anemia "hyper dynamic circulation"
② respiratory failure.

* Cholema :- due to hormone disturbance in :-
"hyperpigmentation in face"
① systemic lupus erythromatus
② pregnant women

treatment :- "hydrocaine cream"
=

Complications of respiratory ~~failure~~ chronic disease :-
① cole pulmonale
② respiratory failure
③ death.

S.G.O.T :- non specific but it indicates liver cell injury when bilirubin within normal. but if bilirubin is high this indicates serious injury.

Globulin is high in :-
① autoimmune
② mulbible myloma

hepatic carcinoma :- reasons
* most common hepatitis C non ectric patient
* hepatitis B less common

P.C.R defenitive method for investigation of hepatic . Ca "

Frequent pregnancy ⟶ lead to immunosuppresion

Ipratropum bromide] with 2cc water
Salbutamol] in the "neublizer"
For dyspnic patient.

① Chronicity of the disease
② severity of the disease.

=

Liver disease

Compensated — normal Albumine

non compensated — low Albumine

Patient with :-

SGPT ↑↑
S GOT ↑↑
Albumine normal
bilirubin ↑↑

* Patient with Compensated liver disease
but if the Albumine is decreased after 3 week the patient will turn from Compensated state to decompenated state.

=

PT :- prothrombin time will increase in :
① vit K diffeciency
② decompensated Liver disease due to decrease synthesis of Clotting factors.

* in Alcoholic GGT ↑
* in non Alcoholic SGPT, SGOT and GGT ↑ all of them high.

Fatty liver treatment:-

1. Liv 52 → for the regeneration of hepatic cells
2. Liver Albumin :- tabs

*

GGT < 80 Fatty liver
GGT > 400 we ask for viral markers.

S.G.P.T	300	200
S.G.O.T	250	100
Alkaline Phosphatase	300	600 ↑
		GGT ↑
	hepato cellular injury	hepato biliary injury.

Total protein :-

Albumine is low after 3 weeks in patient with known cause of liver disease due to:-

Direct ↑ means there is destruction of Liver.

Post hepatic obstruction :-

[1] bile will return back to the liver then to the circulation and will cause :-

(a) Excorriation

(b) bradycardia

[2] bilirubin is high

[3] Alkaline phosphatase :- ↑ non specific because it can come also from bone.

But when Alkaline phosphatase is so high and GGT is high this give me confirmation that Alkaline phosphatase is high due to Biliary disease

* GGT :- we consider it as ESR of the liver

* Steatosis :- Fatty liver

two types :-

[1] Alcoholic

[2] non Alcoholic

L.F.T :- Liver Function test

Liver Functions:-

[1] Synthysis of all proteins except immuno
[2] Erythropoitine synthesis
[3] Deoxification
[4] Clotting factors "1972" 1, 9, 7, 2

when we do L.F.T :-

① when there is symptoms releated
② want to use drugs for Long time.

Liver :-

① compensated "do its job"
② non compensated " does not do its job "

Bilirubin :- its R.heme and insoluble

there two types :-

Direct	indirect
From Liver itself	① From outside the liver
	② hemolysis when * reticulocyte count ↑ * RBC ↓
	③ Gilbert syndrom

اليـوم : .... موضوع الدرس : ....
الموافـق: / / ١٤ هـ التاريـخ: / / ٢٠ م

* Cause of genacomastia :- due to :.
① drug usually painful ex :- Aldactone
② Liver disease painless :- due to the failure of estrogen metabolism.

* hepatitis B :- Can present in different forms.

self inhibition — For Life — may become active

hepatitis B Carrier :- there is no treatment for it absolutly but the patient Can use honey only for prevention

vaccination of hepatitis B virus :. three times
[1] one in the first day.
[2] one after month.
③ third after six months.
Then follow up the patient by measuring
SGOT
SGPT] if elevated give the patient
① Lamonlodine 100 mg.
② Rifedux antidepressant] make sure
③ Eprizolam " must be decrease gradually "

جيلنا الصاعد
الواجب : ....

Chronic liver disease Causes :-

1. infection :- hepatitis
2. auto immune
3. metabolic disease :- Wilson disease
4. toxic substances and drugs :- such as methyldopa for pregnant women.
5. malignancies
6. Bud Chari Syndrom
7. α_1 antitrypsine diffeciency.

The most Common Causes in young patient are :-
1. autoimmune
2. metabolic
3. α_1 antitrypsine diffeciency.

* autoimmune hepatitis is charalterized by bleeding tendencies such as :- "Conjunctival hemorrage"

* Liver Congestion :- due to :-
1. hepatic cause :- Bud Charri Syndrome and thrombus
2. Systemic cause :- Congestive Cardial failure. and inferior vena Cava Obstruction

اليوم : .... موضوع الدرس : ....
الموافق : / / ١٤ هـ التاريخ : / / ٢٠ م

investigation for D.V.T are:-
① Doppler Ultrasound
② D imier.
③ Doplex

drug that must be given for patient with chronic Liver disease:-
① Aldactone :- potassum sparing duritics 100mg
but in cardial patient we use 25 mg.

② Laxitive :- motiline for constipation to reduce intrabdominal pressure. "lactolose"
③ Liv 52 :- for hepatic cell regeneration
④ honey.

=

note:- high dose of diuresis in hepatic patient lead to hypokalemia which will lead to "hepatic encephalopathy"

جيلنا الصاعد

الواجب : ....

the D.V.T in postoperative patient mostly after 3 - 6 months.
treatment :- prophylaxis warfarin

ascitis :- has many reasons :-
[1] localized :-
(a) Liver cirrhosis
(b) intestinal :-
(1) chronic infection (2) lymphoma (3) malignancy
[2] systemic :-
(a) nephrotic syndrom (b) Meg syndrome
(c) Congestive heart failure.

⇒
in old aged woman immune compromised
diagnosis as TB if the patient complain of :-
(1) Constipation (2) gastric ulcer
(3) no response to the treatment
I have to supose that there misdiagnosis
There may be due to malignancy

Ward :- any female Come to you you have to ask her if she :-

1. married
2. has children → fertile
3. pregnant → fertile
4. use contraceptive
5. breast feeding
6. normal delivery
7. menopause or not.

* Causes of unilateral leg Swelling :-
1. DVT 2. cellulitis 3. Erispelas
4. Backer cyst 5. depending or stasis

* migratory swelling :- in thrombophlibitis

* Young male with recurrent attack of D.V.T has no presepitating factors → The most Cause of the D.V.T is the genetic deficiency of protein S and C

treatment :-

long use of "warfarin"